

Vendor Registration Form

City of Albuquerque, Purchasing Division, DFA

1. Vendor Data

Date: _____

Company Name: _____

Contact: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

NM State Gross Receipts No: _____

Federal EIN No: _____

Email Address: _____

2. Action Requested:

- ☐ Add as New Vendor
- ☐ Renew Vendor Registration
- ☐ Change in Address

3. Minority Business ID: (optional)

- ☐ Black American
- ☐ Hispanic American
- ☐ Native American
- ☐ Asian-Pacific American
- ☐ Asian-Indian American
- ☐ Female / Other

4. For City Use Only

Vendor Number: _____

Entered by: _____

Date Entered: _____

Fee (Amount Paid): _____

Check Number: _____

Comments: _____

To register as a vendor with the City of Albuquerque, please submit this form, along with a check for \$35.00 made payable to "City of Albuquerque", to:

COA Purchasing
Vendor Registration
P.O. Box 1293
Albuquerque, NM 87103